

f the child unless

water as soon as

solution of nitrate

nt physician

of sore eyes i

permanently

to sore eyes i

ra si ne se in

atura.

en agos 1910

nfecta.

de uno puer

por algun an

de un caso de

menta las oñ

OS es deñer

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. 81 St.

SEX OF CHILD* Twin { and } Number
Triplet { in order
or other? { of birth

MALE

DATE OF BIRTH* MARCH 11 1910
(Month) (Day) (Year)

FULL NAME FATHER FRED G. LANE

FULL MAIDEN NAME MOTHER CORA MAVIS SANMIRE

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

I HEREBY CERTIFY that the child described
herein has been named

Floyd E. Lane
(Give name in full)

Fred G. Lane
(Parent's Signature)

(Signature of Physician or Midwife)

635-311-325